connected with diseases of the middle ear; 5th, that due to affections of the meatus; and 6th, and finally, the vertigo apparently due to reflex action. Without noticing all these varieties, we will give a little attention only to the vertigo due to galvanic excitation.

If we apply the two poles of the battery to the two mastoid processes, the subject of the experiment leans the head and body to one side as long as the current is passing, and on its interruption assumes again the erect position, as if controlled by an invisible hand. The vertigo disappears, but nausea and pain are complained of. The loss of equilibrium is always toward the positive pole.

When we place the magnetic pole on the neck, the trunk, or the limbs, and double the other conductor, so as to make two positive poles, and apply one of them to the mastoid process of one side, we produce an extreme vertigo with inclination of the body toward that side; but if we then apply the other positive electrode to the opposite mastoid process, every symptom of vertigo disappears. The vertigo seems, therefore, to be due to the difference of excitation of the nervous terminations of the two auditory apparatuses.—(*Gaz. Hebd.*) *Gaz. des Hopitaux*, Mar. 13.

PARALYSIS AGITANS.—Dr. Henri Huchard describes (*L' Union Medicale*, Jan. 19) a case of paralysis agitans in a young girl, eighteen years of age, which was of fifteen years' standing, having first made its appearance when she was three years old. This disease has been generally considered as an affection of adult or middle age; the earliest age at which it had been previously reported was fourteen years. The cause in the case reported was absolutely unknown. The observation is unique, in that it gives the affection a place, exceptional, it is true, among the diseases of early childhood.

APHASIA.—Dr. G. DePoyen, of Monte, Guadeloupe, publishes in *L' Union Medicale* the case of a gentleman who, in a discussion, was taken with violent abdominal pains, and simultaneously lost completely the power of speech. The ability of expression was not lost, for he was able to communicate by writing. The case seems, therefore, to have been one of mechanical alalia, rather than of aphasia, properly so-called.

The treatment employed was palliative and anti-spasmodic, and the next day the patient had wholly recovered.

The explanation offered by Dr. DePoyen is that the violent enteralgia acted by some communication by means of the sympathetic with the medulla in affecting the executive organ of speech.

MIGRAINE.—The following are the principal characters of true migraine as distinguished by Prof. Lasègue, and given in the *Gaz. des Hopitaux*, No. 36:

The first characteristic of migraine is, that it is a malady of attacks. Every continued cephalalgia, by this fact alone, is to be excluded.

A second characteristic is periodicity, irregular and undetermined, it is true, but still the attacks are never so close to each other as to suggest simple

more confused, probably on account of the increased general *malaise*, or they change their place and redouble their intensity.

The brusque migration of the pain during a crisis is very common. This sudden change of locality, without premonition, is an essential element in the clinical history of migraine. Its like is not found in any other disorder of the nervous system.

Other discomforts add themselves to the pericranial sufferings, such as nausea, gastric pain, anorexia, and constipation. The disorders of the stomach are generally slight, and occur during the middle third of the attack, after which they moderate.

In the third period the violent pain is dulled, the nausea is less decided, but other still more inconvenient symptoms succeed these. The head beomes heavy and dull, the ocular pain is accented, but without any necessary troubles of vision. The first manifestations of a cerebral state exhibit themselves in intellectual torpor and a complete absence of ideas, or on the contrary, in a semi-delirium analogous to dreaming. The cerebral condition is nearly the same as in the beginning of sleep, which closes the attack. The cure is not complete until the patient has eaten.

ACTIVE CONGESTION.—The following is an abstract of a memoir by M. Onimus, as given in *La France Medicale*, No. 23:

In this work M. Onimus has sought to show, that beyond the congestions due to paralysis of the vaso-motor nerves, there are also active congestions arising on the other hand from the activity of the vaso-motor system.

An important experiment of M. Claude-Bernard has demonstrated that the excitation of sensory nerves causes a very manifest congestion ; thus the electrization of the chorda tympani produces an immediate augmentation of the salivary secretion, and a determination of blood to the gland. Many theories have been proposed to explain these phenomena. M. Schiff has admitted active dilator nerves; M. Brown-Sequard, a dilatation by attraction of blood to the tissues; Loven has proposed the theory of reflex paralysis, and it is this theory that M. Vulpian has adopted and developed in his last work, *Des Nerfs Vaso-Moteurs*, 1874.

M. Onimus, supporting himself on the researches of M. Ch. Legros, and on his own investigations made in collaboration with that lamented *savant*, seeks to show that the late experiments of Vulpian, far from proving that these active congestions are due to a reflex paralysis, appear rather to indicate that there is here an essentially vital and active phenomenon.

M. Onimus studies in succession the three following points :

1. The phenomena induced by excitation are not the same as those which cause the paralysis. The active congestions are not the result of a reflex paralysis.

2. The muscular fibres of the vessels serve to facilitate the course of the blood.

3. The active congestions are the result of increased functional activity of the muscular fibres of the vessels.

According to this theory, there are, so to speak, two kinds of contraction of the unstriped fibres of the vessels—the one tetanic, when the excitation is